June 27, 1994

Introduced By:

BRUCE LAING

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Proposed No.:

94 - 414

MOTION NO. 9377

A MOTION confirming the Executive's appointment of Jeanne Carlson to the King County Children and Family Commission.

BE IT MOVED by the Council of King County:

The county executive's appointment of Jeanne Carlson to the King County Children and Family Commission, term to expire on June 1, 1996, is hereby confirmed.

PASSED by a vote of // to Othis 26 th day of Soptember, 19 94

KING COUNTY COUNCIL KING COUNTY, WASHINGTON

Kent Puller Chair

ATTEST:

Clerk of the Council

Attachments: Application

Financial Disclosure Statement

APPLICATION INFORMATION FOR KING COUNTY BOARD AND COMMISSION APPOINTMENTS (PLEASE ATTACH RESUME IF AVAILABLE) on file

11-15-93 (Date)

Board/Commission for which	h you are app	olying:	·	9	37.
King County CHi	LDRON	& FAMI	14 Con	n missi	on
Name JEANNE W. C	ORISON	2_ Phone_	454-67	78 –	,
Business Address		Home Ad	dress <u>345</u>	1-7914	que Mt
		Be_//	evue	WA	98004
(Dlaces indicate successed m			ahandalı (#)		
(Please indicate preferred ma	alling addres	s with an a	sterisk (*)	•	
King County Council District			.		
Education B. A - Geowome (name of high	cs of Bus	TACES	UNIV. L	VASKIN	97071
(name of high	school, coll	ege/univers	ity, year gi	raduated, d	gree)
Professional Licenses Held (if applicable	to specifi	c board/comm	nission)	
		·	· · · · · · · · · · · · · · · · · · ·		
Present Employment				(D.)	
(100)	Title)			(Date of	Employment)
(Employer)	·		·		
(Limp 10) 01)					

(Previous Employment/Experier	nce)			ı	
	·	•	•	* ;	•
A		Lun C. W.	lomen's	Suisan	989-current Board 1978-1984
Memberships on any city and/oboards, commissions, or commissions,	or county \simeq	1109 00. 10	C C	borsony	FORKE COST
dates of term:	<u> </u>	pr. Tours	- SCRVICES		1978-1989
AFFIRMATIVE ACTION PROGRAM AND PERSONAL INFORMATION	The Executi	ve seeks a . Informat	diverse repr	resentation section wi	on boards/ assist in
			d is volunta		
Asian	_ Hispanic		Whit	-	
African American Year of Birth	Native Ame Sex(F	rican)(M)	Handicap (
How did you learn of this opp			·		
	- -	Sally Poliak	·	. – .	

Please return completed form to:

Sally Poliak King County Executive Office King County Courthouse 516 Third Avenue, Room 400 Seattle, WA 98104-3271 Board of Ethics

9377

King County Board of Ethics, 1/93

1993 JUN -1 AN 9: 46

553 King County Administration Building 500 Fourth Avenue (MS 5A) Seattle, WA 98104-2337 (206) 296-1586

FINANCIAL DISCLOSURE STATEMENT

TO BE COMPLETED BY ALL KING COUNTY BOARD AND COMMISSION MEMBERS.

IN ACCORDANCE WITH K.C.C. 3.04.050, PLEASE PROVIDE THE INFORMATION REQUESTED AND RETURN THIS FORM EITHER WITHIN TEN (10) DAYS OF APPOINTMENT OR BY APRIL 15TH, WHICHEVER APPLIES, TO THE KING COUNTY BOARD OF ETHICS. THE REPORTING YEAR IS THE PRECEDING 12-MONTH PERIOD OR 12-MONTH PERIOD FROM THE DATE OF YOUR LAST FILING.

FOR REPORTING PURPOSES, "FAMILY" INCLUDES HUSBAND, WIFE, BROTHER, SISTER, FATHER, MOTHER, SON, AND DAUGHTER. "PERSON" DESIGNATES ANY INDIVIDUAL, PARTNERSHIP, ASSOCIATION, CORPORATION, FIRM, INSTITUTION, OR OTHER ENTITY, WHETHER OR NOT OPERATED FOR PROFIT.

PLEASE TYPE	OR PRINT ALL INFOR	MATION
NAME: JEANNE W.	CARISON	5/27/93
BOARD OR COMMISSION: Women	is Adurson	ey BOARD
CING COUNTY DEPARTMENT OR AGENC DEPT, NUMAN SERVICE LIST all sources of Income over \$	Y AFFILIATION OF BO	
Source of Income	Type of Business	Address
Soc. Security		
SOC. SECURITY ROYEROMENT/INTEREST		
		·
	V	
Do you have a direct financial into	proet in any mutual	fund or other "person" or

F. This section in regulatory agencies	s to be comple	ted by attorney receding twelve	s who practic months:	ed before state and local
		•		r, partner, or employee:
		· · · · · · · · · · · · · · · · · · ·		<u>.</u>
•	•			· · ·
2. List	the name(s) of ago	encies that you pra	actice before:	
-			<u></u>	•
				•
"person	t the amount of (" and attorney ret twelve (12) month	spectively as a re	on in excess of sult of your prac	of \$1500.00 received by the ctice before such agencies in
ATTESTATION: 1, Laune W	Larlem	<i>)</i> _, CERTIFY UND	ER PENALTY C	F PERJURY THAT THIS
STATEMENT IS TRU	_			•
SIGNED THIS 2	クグ DAY OF	may	, 199 <u>3</u>	
	Picase atta	nch additional she	ets if necessary.	•